



Incident Report

Print Date/Time: 12/17/2015 11:40

Login ID: ss0137

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2015-00202815

Incident Date/Time: 12/12/2015 6:00:00 PM
Location: 20TH ST SE / 91ST AVE SE
LAKE STEVENS WA 98258
Phone Number: (425) 531-5439
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0126-Hingtgen
19N2	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HAMMACK, MARISSA		(425) 531-5439			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car					169YGO	
Involved Vehicle	Passenger Car		Toyota	Camry		AVR5082	

Disposition(s)

Disposition	Count
M	1
S	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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12/12/2015 : 18:21:36 SP0402 Narrative: RESCUE TOW ER FOR THE OTHER

12/12/2015 : 18:20:58 SP0338 Narrative: W/2

12/12/2015 : 18:20:36 SP0402 Narrative: MACKS ER FOR ONE

12/12/2015 : 18:17:13 SP0402 Narrative: NEXT TOW 2 VEHS BOTH HEAVY FRONT END DAMAGE

12/12/2015 : 18:06:22 SP0338 Narrative: 2 VEH BLKING INVEST INJ UTF

12/12/2015 : 18:02:40 SP0279 Narrative: LR279

12/12/2015 : 18:01:54 SP0279 Narrative: BLOCKING

12/12/2015 : 18:01:43 SP0279 Narrative: RP IN RED MAZDA 3 VS UNK OTHER VEH

12/12/2015 : 18:01:17 SP0279 Narrative: CC, 2 VEHS IN INTERSECTION, FEM W/HEAD BLEEDING, CABN

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E492935**CASE # **12015-00202815**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATIONDATE OF COLLISION **12** - **12** - **2015** TIME (2400) **1801** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
20TH ST SE BLOCK NO. MILE POST DISTANCE MILES **N** **E** **S** **W** OF (REFERENCE OR CROSS STREET) **91ST AVE SE**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 2069195652**LAST NAME **NEWTON** FIRST NAME **KENNETH** MIDDLE INITIAL **C**STREET NEW ADDRESS **21404 MERIDIAN DR SE**CITY **BOTHELL** ST **WA** ZIP **98021**CDL RESTRICTIONS ENDORSEMENTS DRIVER'S LICENSE # **NEWTOKC104D9** STATE **WA** SEX **M** D.O.B. **03** - **29** - **1990**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **ARM/SHOULDER PAIN**LICENSE PLATE # **AVR9082** STATE **WA** VIN# **1HGCG3257XA017208**TRAILER PLATE # STATE TRAILER PLATE # STATE VEH. YEAR **1999** MAKE **HOND** MODEL **ACCOR** STYLE **P2** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **RESCUE TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4255315439**LAST NAME **HAMMACK** FIRST NAME **MELISSA** MIDDLE INITIAL **A**STREET NEW ADDRESS **2707 105TH AVE SE**CITY **LAKE STEVENS** ST **WA** ZIP **98258**CDL RESTRICTIONS ENDORSEMENTS DRIVER'S LICENSE # **HAMMAMA159R9** STATE **WA** SEX **F** D.O.B. **12** - **29** - **1985**ON DUTY ☐ STATUS AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **6** NATURE OF INJURIES **BACK/NECK**LICENSE PLATE # **169YGO** STATE **WA** VIN# **JM1BK323081863687**TRAILER PLATE # STATE TRAILER PLATE # STATE VEH. YEAR **2008** MAKE **MAZD** MODEL **323** STYLE **SD** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **MACKS TOWING** GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 907153652**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE OFFICER'S NAME (PRINT) **M. HINGTEN** BADGE OR ID # **126** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E492935**CASE # **12015-00202815**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		WILLIAMS KRYSTAL M																
ADDRESS & PHONE # 21404 MERIDIAN DR SE BOTHELL WA 98021 4259510611										SEX F	D.O.B. MMDDYYYY 06	-	01	-	1982			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	6	NATURE OF INJURIES BACK/NECK
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh #1 was stopped in the left turn only lane at the traffic signal controlled intersection of 20th St SE and 91st Ave SE. Veh #1 proceeded left when the signal turned yellow. The driver of Veh #1 stated that when he began his turn, he did not notice any vehicles. Veh #1 proceeded into the turn and the driver stated that he noticed a vehicle that was attempting to "beat" the yellow traffic signal by accelerating through the intersection. Veh #2 was traveling west on 20th St SE in lane #2.

Veh #1 impacted Veh #2 in the intersection.

All occupants were transported to the hospital and vehicles were impounded.

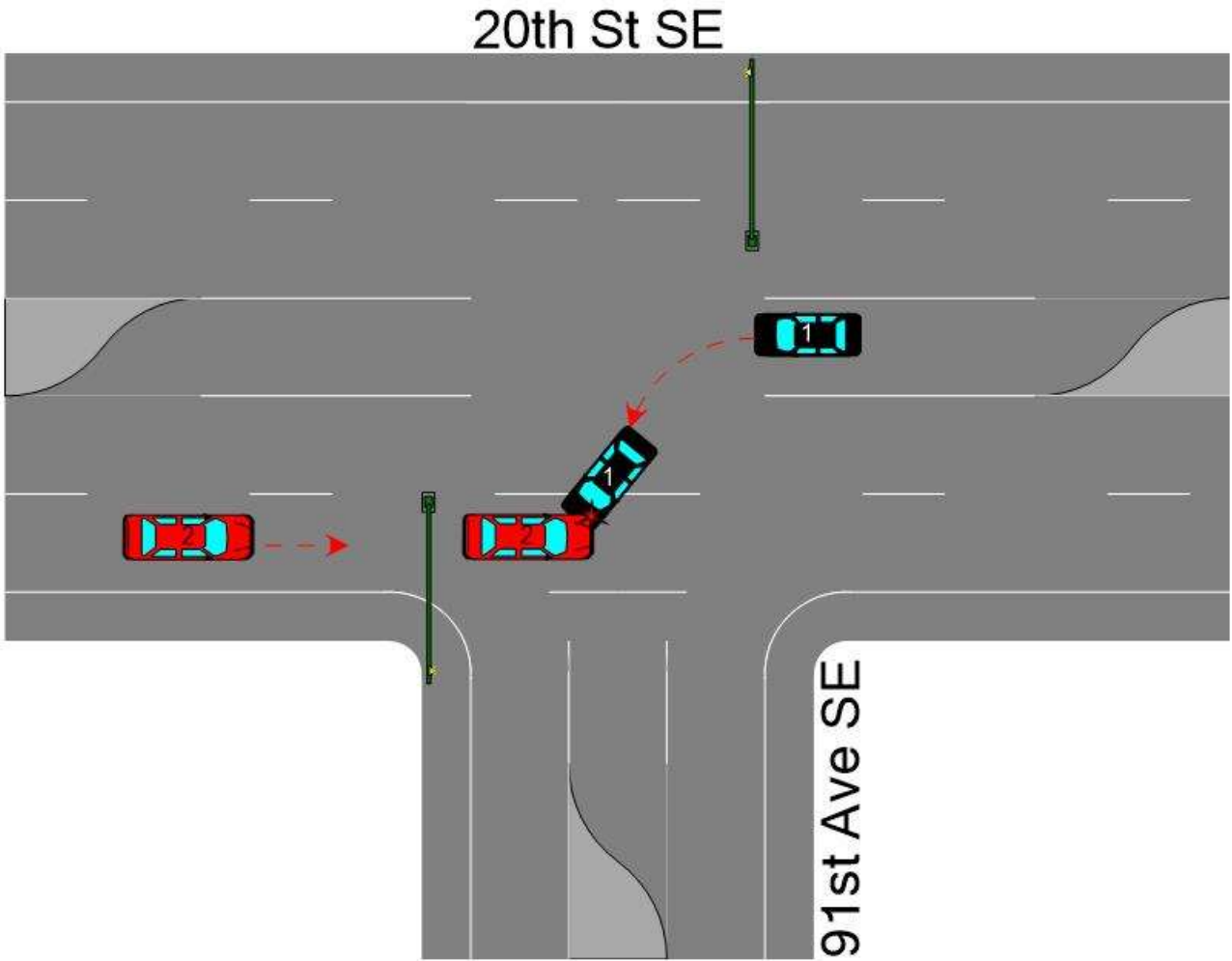
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN		12-13-15 03:59 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY BOB SUMMERS 0079		DATE 12/13/2015 5:06:58 AM	
BADGE OR ID #	126	ORI #	WA0311900
TIME POLICE DISPATCHED		6:03 PM	
TIME POLICE ARRIVED		6:08 PM	

REPORT NO. E492935

CASE # 12015-00202815

DATE AND TIME
OF COLLISION 12/12/15 18:01



CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
12015-00202815

VEHICLE INFORMATION

VIN

1 H G C G 3 2 5 7 X A 0 1 7 2 0 8

LICENSE
AVR9082

STATE
WASHINGTON

YEAR
1999

MAKE
HONDA

MODEL
ACCORD

☐ Report of Sale

MILEAGE ☐ Digital
UNREADABLE

STYLE
2 PASS LOW SPEED VEH

COLOR
BLACK

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)

NEWTON, KENNETH C

NAME (LAST, FIRST, MI)

WILLIAMS, KRYSTAL M

NAME (LAST, FIRST, MI)

LEGAL SAME

STREET ADDRESS

21404 MERIDIAN DR SE

STREET ADDRESS

21404 MERIDIAN DR SE

STREET ADDRESS

CITY, STATE, ZIP CODE

BOTHELL, WA 98021

CITY, STATE, ZIP CODE

BOTHELL, WA 98021

CITY, STATE, ZIP CODE

PHONE

(206)919-5652

DOB

3/29/1990

PHONE

(425)951-0611

PHONE

AUTHORIZATION AND RECEIPT

ON 12/12/2015 AT 18:42 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED RESCUE TOWING 5745-008
(TOWING FIRM) (DOL TRUCK NO.)

DRIVEN BY BAMA TO REMOVE THIS VEHICLE FROM 9100 20TH ST SE/91ST AVE SE
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT

DAMAGE

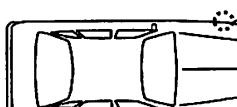
EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

- ☒ [1] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(S)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR / LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

☒ FRONT

SHADE DAMAGED AREA

☒ R FRONT☐ R SIDE☐ R REAR☒ L FRONT☐ L SIDE☐ L REAR☐ REAR☐ TOP☐ UNDERCARRIAGE☐ OTHER _____

INVENTORY

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

NOTHING OF VALUE

Vehicle Collision, Occupants transported to
hospital

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☒ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

M. Hingtgen

SNOHOMISH, WA
COUNTY, WA


126
BADGE NO.

Lake Stevens PD
AGENCY

CASE / EVIDENCE NUMBER
12015-00202815

<input type="checkbox"/> DWLS IMPOUND WITH _____ DAY HOLD <input type="checkbox"/> INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER. <input type="checkbox"/> REGISTERED OWNER MAY REDEEM _____ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD. <input type="checkbox"/> CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.		VEHICLE INFORMATION VIN J M 1 B K 3 2 3 0 8 1 8 6 3 6 8 7 <table border="1"> <tr> <td>LICENSE 169YGO</td> <td>STATE WASHINGTON</td> <td>YEAR 2008</td> <td>MAKE MAZDA</td> <td>MODEL 323</td> </tr> <tr> <td><input type="checkbox"/> Report of Sale</td> <td>MILEAGE <input type="checkbox"/> Digital UNREADABLE</td> <td>STYLE SEDAN</td> <td colspan="2">COLOR RED</td> </tr> </table>				LICENSE 169YGO	STATE WASHINGTON	YEAR 2008	MAKE MAZDA	MODEL 323	<input type="checkbox"/> Report of Sale	MILEAGE <input type="checkbox"/> Digital UNREADABLE	STYLE SEDAN	COLOR RED	
LICENSE 169YGO	STATE WASHINGTON	YEAR 2008	MAKE MAZDA	MODEL 323											
<input type="checkbox"/> Report of Sale	MILEAGE <input type="checkbox"/> Digital UNREADABLE	STYLE SEDAN	COLOR RED												
DRIVER		REGISTERED OWNER		LEGAL OWNER											
NAME (LAST, FIRST, MI) HAMMACK, MELISSA A		NAME (LAST, FIRST, MI) HAMMACK, MELISSA A		NAME (LAST, FIRST, MI) LEGAL SAME											
STREET ADDRESS 2707 105TH AVE SE		STREET ADDRESS 2707 105TH AVE SE		STREET ADDRESS											
CITY, STATE, ZIP CODE LAKE STEVENS, WA 98258		CITY, STATE, ZIP CODE LAKE STEVENS, WA 98258		CITY, STATE, ZIP CODE											
PHONE (425)531-5439	DOB 12/29/1985	PHONE		PHONE											

ON 12/12/2015 AT 18:48 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
(DATE) (24 HOURS)
IN THE DESCRIBED VEHICLE, I AUTHORIZED MACKS TOWING 5099-007
(TOWING FIRM) (DOL TRUCK NO.)
DRIVEN BY STEVE GAY TO REMOVE THIS VEHICLE FROM 9100 20TH ST SE/91ST AVE SE
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT		DAMAGE		EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> [] KEYS	<input type="checkbox"/> FRONT	SHADE DAMAGED AREA 			
<input type="checkbox"/> LOCKED TRUNK	<input type="checkbox"/> R FRONT				
<input type="checkbox"/> LOCKED GLOVE BOX	<input type="checkbox"/> R SIDE				
<input type="checkbox"/> LOCKED CENTER CONSOLE	<input type="checkbox"/> R REAR				
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> L FRONT				
<input type="checkbox"/> [] DISC(S)	<input type="checkbox"/> L SIDE				
<input type="checkbox"/> HANDS FREE DEVICE	<input type="checkbox"/> L REAR				
<input type="checkbox"/> GPS	<input type="checkbox"/> REAR				
<input type="checkbox"/> RADAR / LIDAR DETECTOR	<input type="checkbox"/> TOP				
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> UNDERCARRIAGE				
<input type="checkbox"/> JACK	<input type="checkbox"/> OTHER _____				
<input type="checkbox"/> CHAINS					
<input type="checkbox"/> OTHER _____					

[illegible]

<input checked="" type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.	
<input type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.	<input checked="" type="checkbox"/> THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

OFFICER'S ELECTRONIC SIGNATURE	<i>M. Hingtgen</i>	<i>SNOHOMISH, WA</i>	<i>126</i>	<i>Lake Stevens PD</i>
		COUNTY, WA	BADGE NO.	AGENCY